

CITY OF HALLANDALE BEACH
400 S. FEDERAL HWY, HALLANDALE BEACH, FL 33009
PH: (954) 457-1383 FAX: (954) 457-1488

PERMIT NUMBER _____
MECHANICAL PERMIT APPLICATION

1) OWNER'S NAME . PHONE NO.		BUILDING PERMIT NO. (if any) _____
MAIL ADDRESS CITY		I HEREBY MAKE APPLICATION FOR A PERMIT TO: ADD(new)_____ CHANGE-OUT (replace)_____
3) CONTRACTOR CO. NAME PHONE NO.		THE FOLLOWING TYPE STRUCTURE: Res___ Comm___ Ind___ Application is hereby made to obtain a permit to do the work and installation as hereon indicated. I certify that no work or installation has been effected prior to the issuance of the permit and that all work will be performed to meet the standards of all laws regulating construction in the City of Hallandale Beach.
STREET ADDRESS		ALL WORK MUST COMPLY WITH THE FLORIDA BUILDING CODE 2001.

CITY STATE ZIP	PRINT NAME OF QUALIFIER
STATE # _____	SIGNATURE OF QUALIFIER DATE
CC # _____	STATE OF FLORIDA
	COUNTY OF BROWARD
4) ARCHITECT PHONE NO.	The foregoing instrument was acknowledged before me this _____ day of _____, 20 _____
5) ENGINEER PHONE NO.	by _____ (name of person acknowledging).

NOTARY STAMP HERE

6) LOT BLOCK SUBDIVISION (legal description)	NOTARY _____ (Signature of Notary Public - State of Florida)
7) FOLIO NO. (required)	Personally Known _____ OR Produced Identification _____ Type of Identification Produced Driver's License
SHADED AREA FOR OFFICE USE ONLY	
8) STREET ADDRESS-JOB SITE	MECHANICAL: APP _____ Signature: _____ Date _____
PRESENT USE	ELECTRICAL: APP _____ Signature: _____ Date _____
CONDITIONS UNDER WHICH APPROVED:	ZONING: APP _____ Signature: _____ Date _____
	FIRE: APP _____ Signature: _____ Date _____

APPLICATION APPROVAL

This application does not become a valid permit until signed by an authorized representative of the City of Hallandale Building Department and all fees paid and receipt acknowledged in the space provided on the permit.

MECHANICAL INSPECTION HOURS

BY: _____ Monday thru Friday - P.M. only
CHIEF MECHANICAL INSPECTOR _____ DATE _____

APPLICATION ONLY. PERMIT TO BE ISSUED SEPARATELY

(Rev. 3/1/02) PERMAC2.XLS

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**CITY OF HALLANDALE BEACH
AIR CONDITIONING PERMIT APPLICATION**

PERMIT NUMBER _____

SHADED AREAS FOR OFFICE USE ONLY

APPLICATION TYPE

X. MECH. MECHANICAL & AIR CONDITIONING

PERMIT TYPE

BDMC A/C - MECHANICAL, COMMERCIAL

BDMR A/C - MECHANICAL, RESIDENTIAL

PENALTY FEE, UNPERMITTED WORK

ESTIMATED CONSTRUCTION COST \$ _____

STRUCTURE CODES

AIR CONDITIONING
REFRIGERATION
Condensate Drain, No. of _____
Duct Opening, No. of _____
Ton Capacity, No. of _____
A/C STAND, NO. OF _____
AIR COMPRESSORS, NO. OF _____
AIR HANDLER _____
CENTRAL HEAT SYSTEM _____
CONDENSING UNIT _____
COMMERCIAL RANGE HOOD _____
FANS, NO. OF _____

FIRE DAMPERS, NO. OF _____
HOOD FIRE SUPP, _____ NO. OF HEADS _____
PACKAGE UNIT _____
PAINT SPRAY BOOTH _____
PROCESS PIPING _____
RANGE HOOD FIRE SUPP SYS _____
ROOF VENT SYSTEM, NO OF OPEN _____
SWIMMING POOL HEAT, EXCHANGE UNITS _____
TEMPERATURE CONTROL(thermostats), NO. OF _____
VACUUM SYSTEMS, NO. OF OPENINGS _____
VENTILATION EQUIPMENT _____
WALK-IN COOLER/FREEZER _____
WATER COOLING TOWER _____
WINDOW UNITS, NO. OF _____

OTHER _____

NOTICE: In addition to the requirements of this permit, there may be additional restrictions applicable to this property that may be found in the public records of this county, and there may be additional permits required from other governmental entities such as water management districts, state agencies or federal agencies."

ADDITIONAL INFORMATION:

APPLICATION ONLY. PERMIT TO BE ISSUED SEPARATELY